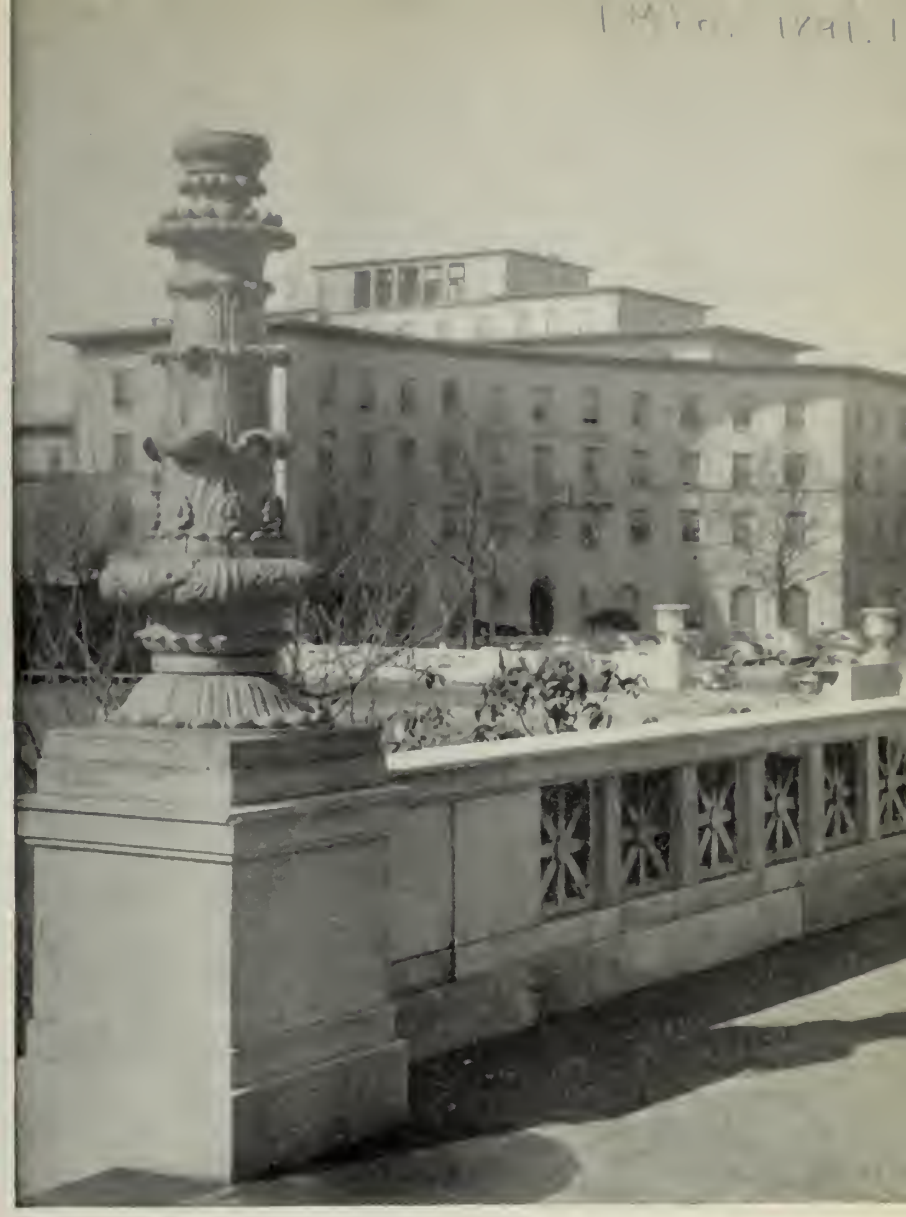

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Contents

SIESTA BY THE NUMBERS; CHUNGKING ORPHANS AT KOLOSHAN.
(Courtesy of Cecil Beaton: Chinese Album. B. T. Batsford, Ltd., London, England. Winter, 1945-1946).

hardly have compared favorably with our own second-rate hospitals. This, in any case, was the only hospital system which existed until after the Japanese occupation, when the Ministry of Health of Central Government undertook to establish an independent national hospital system. As part of a complete, highly socialized welfare plan for all of China, the Central Government had set up mostly on paper an elaborate public health system centered around a group of nationally sponsored hospitals in the larger Chinese cities. This plan was contingent upon aid from UNRRA in supplies and personnel. The machinations of individuals within the Kuomintang regime effectively hamstrung the aid of UNRRA and World Health Organization. However, the virtue and the great need worked together so surprisingly that at the end of 1948 the Government was able to boast a number of large functioning teaching hospitals independent of missionary sponsorship. The Ministry of Health, comprising an administration supremely inefficient and in spots riddled with dishonesty, exacted all the credit where any accrued, and in the case of hospitals which showed any financial profit also exacted a handsome financial cut. Surprisingly enough some of the hospitals in this group prospered in spite of all obstacles. The system began at once to become the logical answer to a desperate need. Those of us who worked in this effort are convinced that this program would have grown and prospered under almost any circumstances.

Unfortunately these national hospitals followed the missionary example and gave no free care to indigents. Their clientele was entirely among people who could pay and in many instances pay handsomely. This situation is more excusable among the government hospitals because in so many instances there was absolutely no other source of income. In the Canton National Central Hospital, where I worked for many months, I was told confidentially that the Ministry of Health exacted sixty to seventy per cent of the gross income, and that the hospital had actually to operate on thirty to forty per cent of its receipts. The income was derived, of course, from the fees charged to patients and the sale of UNRRA medicines.

People in this country find it difficult—in fact for the most part simply cannot make the mental adjustment which is necessary to appreciate the difference between the situation here and that in China. Even those who have had experience in the worst areas of Europe or South America or Africa will not at first appreciate

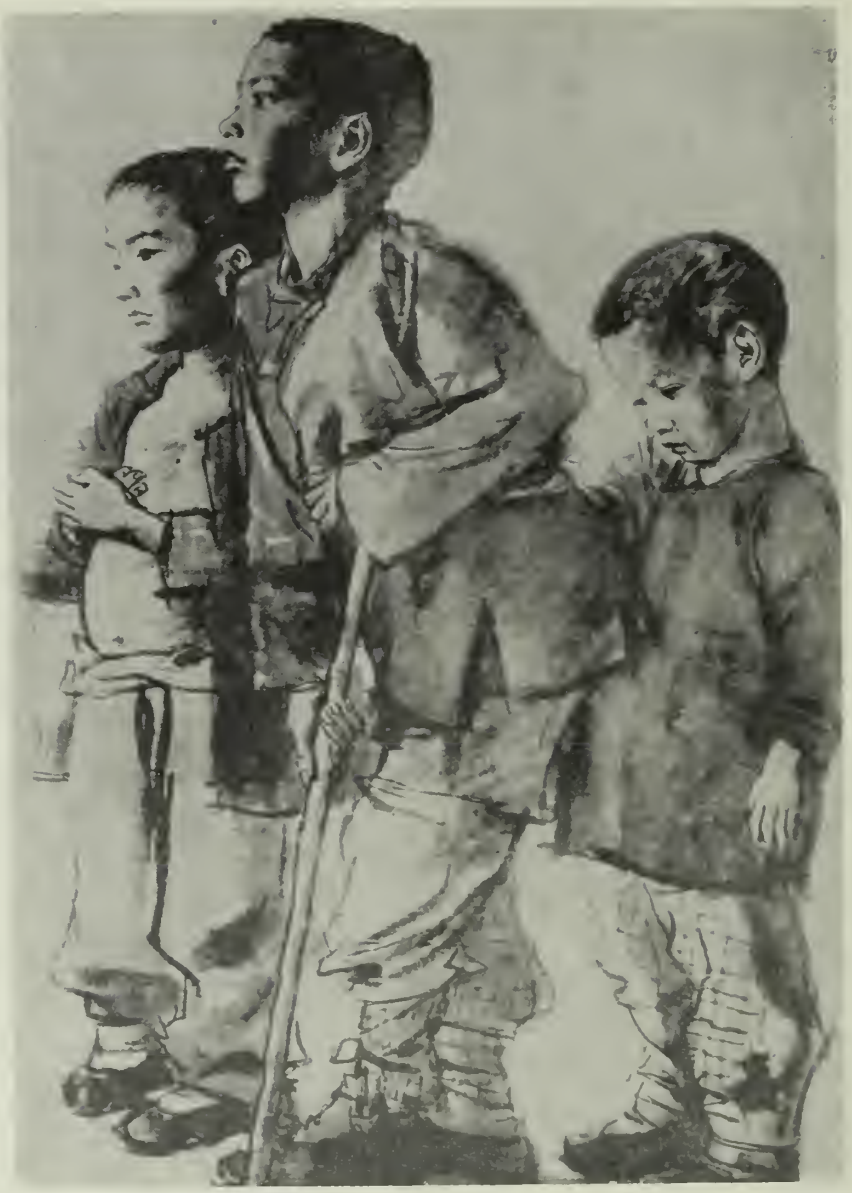
the difference. The situation in China is sufficiently bad from the point of view of physical conditions and the lack of education, but basically far more hopeless because of the ingrained viciousness of the prehistoric social system of the Orient. Although some advances had been consolidated during the years immediately prior to the Japanese invasion, those of us who have seen the evil at its roots hold little admiration for the ideas or the ideals of the Nationalist regime in respect to problems of national health. All those with genuine experience in these matters in China will be found optimistic in relation to *any* change in administration from the point of view of the health of the people. We all feel that the great burden of the disease and misery lies directly at the feet of the erstwhile officials. But that matter can not be argued in this setting, and there is as yet not enough to prove that the new regime may not eventually fall into the same vicious atavistic traits.

The best available authority indicates that in China there is one western-trained physician to approximately 50,000 people. In the United States there is one to each 1,000. The situation is, of course, actually much worse than these figures make it appear because of the concentration of western-trained Chinese physicians in large cities. The rural areas which are exceedingly heavily populated have almost none of the benefits of modern medicine. The situation in relation to nurses is vastly worse.

Dr. Marion Yang, who is the best informed physician in China in these matters, tells me that 12,000,000 births a year are to be expected. At the Chinese birth rate of about 30, the effect of available medically trained physicians is of course negligible. Dr. Yang estimates that 100,000 trained midwives are necessary to deal with this problem. At present there are about 5,000 of whom a very large percentage are not practicing. This means that the burden of obstetrics in China must be done by community women known to the profession as "dirty midwives." The old school Chinese physicians better known as "witch doctors" don't bother much with obstetrics; a great deal is, of course, done by the family itself. A brief example here will point our meaning—the "dirty midwives" use any old brick or stone at hand to crush the umbilical cord. Bleeding is stopped by rubbing in a mixture of mud and saliva. Our UNRRA people went into one remote village where almost all of the babies were dying in convulsions shortly after birth. Only two or three had survived during a period of six months. The babies were dying of neonatal tetanus. Even meagerly trained midwives dealt effectively with this situation as did the people themselves when they had been convinced.

The stillbirth and neonatal death rates in China are appalling. For example in West China and again in South China I collected statistics for 500 families (1,000 in all) to cover the factor of actual mortality among children. These were families seen for any and all ailments in our own hospitals, not in the catastrophe areas and not people with special obstetrical or pediatric complaints. We found that of all babies born alive to these families 16 percent died within the first two weeks, and 49 per cent of those who survived died before the age of twelve. This makes an approximate 58 per cent pediatric mortality. The really tragic aspect of the whole problem involves the fact that so little is needed to correct the major portion of this evil.

Chinese physicians—with the exception of the privileged few who have attended foreign institutions—have been trained in the missionary schools throughout China, of which in their heyday, there were something like 60. When I left China two years ago there was hardly more than a fifth of this number, and many of these were in wretched condition. Medical education at best in the missionary schools is considerably below our own standards. Sufficient funds are not available. Teaching staffs are meager and poorly paid. Here



BEGGAR AND CRIPPLED CHILDREN, SHANGHAI
(Unpublished brush drawing by Chiang Chao-Ho).

again tremendous strides could have been made under proper governmental sponsorship. The fault for failure lies chiefly at the door of the former administration.

On the other hand, the matter of fellowships to foreign countries, especially to the United States, is scandalously bad. This is one department in which we could have done so much and have done so pitifully little. Granted that pull and favoritism have discouraged our initiative by giving us the most favored candidate rather than the most deserving, we still adhere, as a nation, to a desperately provincial race-conscious attitude in this respect. Medical schools and hospitals in the United States will do well to study their opportunities and revise their meager idealism. It is all very well to sit on this side and criticize the missionary effort in

China. The fact remains that a tremendous amount can be accomplished by an adequate program for the foreign training of Chinese physicians—more than can be accomplished inside of Communist-held China in spite of elaborate plans-on-paper, for many years to come.

It is interesting that the program for teaching of nurses has conflicted seriously with the midwife training program. The matter of FACE has arisen between the exponents of two groups to the harm of both. People in this country do not understand the legitimate status of midwives and the absolute necessity for a midwife system in countries like China. The immediate and perhaps the permanent answer to the present situation is for the training of more than 100,000 midwives. The Nationalist Government had worked out elaborate programs for such training. Independent agencies, realizing the crying need, had set up a good many schools. The missionaries, for some reason or other had not interested themselves very much in the training of midwives. Wherever I went in China I offered my services for nurse and midwife teaching. My offer was accepted in at least three different instances and I had an opportunity to observe and help in these pitifully inadequate schools. It was really a strange experience to try to teach through an interpreter, kindergarten concepts of obstetrics to a circle of wide-eyed adolescent girls, hardly more than children themselves—with the realization that this pathetic group must be the temporary answer to such a grim necessity.

Midwives schools are generally conducted around the nucleus of a strange sort of maternity home. Clinical teaching is done in practical obstetrics. All the legitimate schools, even those privately financed, are under the theoretical sponsorship of a medical school or teaching hospital. These connections, however, as in the instance I will relate, are often exceedingly foggy. Very often, whether they like it or not, these people are called upon to carry out major obstetrical procedures. The results are the same as they are under such circumstances elsewhere. I had an experience involving such a matter on my first assignment which was revealing from a number of angles.

After I had been in West China for about three months I had a strange caller one morning at about four. After our gateman and his family had been awakened and the man had finally made it clear what he wanted, they awoke me. This was as wild a looking character as I ever hope to see at four o'clock in the morning in such a setting. However, the man was apparently authentic—the chief coolie of the midwife school which was run by a Canadian woman. At that time I was feeling particularly dragged out by the dysentery, but I pulled myself together and started off on my bike, following my guide at a dogtrot through the rain and mud. He took me some three miles off into the hinterland where I was finally spirited into a sort of compound which turned out to be the school of midwifery and the local maternity "hospital." I won't try to describe this place except to say that it was actually medieval: Several disreputable little shacks surrounding a dirty patio, and housing a dozen or so fourteen to seventeen year old girls—the Chinese girls look much younger than our girls at this age—who were the students. The superintendent was a Chinese-trained doctor of very doubtful knowledge, and with no obstetrical assurance. I couldn't understand why these people should be expected to carry on major obstetrics until I had had the benefit of this and subsequent experiences.

The patient I had been called to see was a wretched coolie woman who had been in labor something like three and one-half days. She had an undeliverable infant which was wedged deeply into the lower pelvis—by some miracle still living—but the obvious cause of rather horrible pressure changes and injury to the mother. This was a typical hot, drenching West-China night. There were two or three other women writhing and screaming in

NURSING MOTHER IN FAMINE AREA
Mothers nurse children up to eight and ten years old—they, themselves, die of resultant inanition. (Courtesy of Cecil Beaton: Chinese Album. B. T. Batsford, Ltd., London, England. Winter, 1945-1946.)

various stages of labor without anesthesia. The stench in the two small so-called labor rooms was unbelievable. It was at once obvious that nothing except a destructive operation upon the baby could be done here; but the baby seemed in fairly good condition.

I tried to find out how this patient could have been so frightfully neglected since I had been told that the work in this midwifery school was indirectly under the supervision of our own department. I found out that the resident on my service had been repeatedly called to attend the woman but had finally determined that her social and financial status did not deserve the dignity of his presence, and had flatly refused to get out of bed. I suggested that the woman be taken at once to the hospital for drastic operative procedure on my service. I was told that this, unfortunately, could not be done; the woman had no money, she therefore would not be received at the missionary hospital. This was my first experience with this sort of thing and one which was to teach me a lesson. I told them to disregard the formalities, that the woman would die within another few hours if she were not delivered, that the chances for the baby were poor enough in any case—I told them to take the woman along and I would answer for the consequences.

I went back to my own quarters to catch what rest and energy I could in a short space. Before long a hospital coolie arrived with a message that the hospital authorities regretted—the patient could not be accepted—she could not pay. I sent a message back that if the patient was not accepted I would retire from the service as of the instant, and that in any case I would be willing to assume the financial obligation myself. An hour later the coolie came back with the news that the surgery was ready for cesarean section. We delivered a viable baby by Waters' section, but the mother died hours later of exhaustion and shock.

This recital of events points again to the tragic truth that in China there is virtually *no* care for the poor. The missionary hospitals, the government hospitals, and especially the private hospitals dispense services only to those who can pay. There are, to be sure, a few isolated instances. Before the war I am told there were quite a few really charitable institutions. So far as my own personal experience is concerned, nowhere in China did I find care being dispensed to patients who could not pay. People in America simply do not want to believe that this is true. Responsible people in China have been very cautious to see that these rather grim facts should never receive the limelight. There are, of course, a few exceptions and there are certainly extenuat-

ing circumstances. The fact remains, however, that there is not and really never has been in any important sense *any* care for the wretched millions.

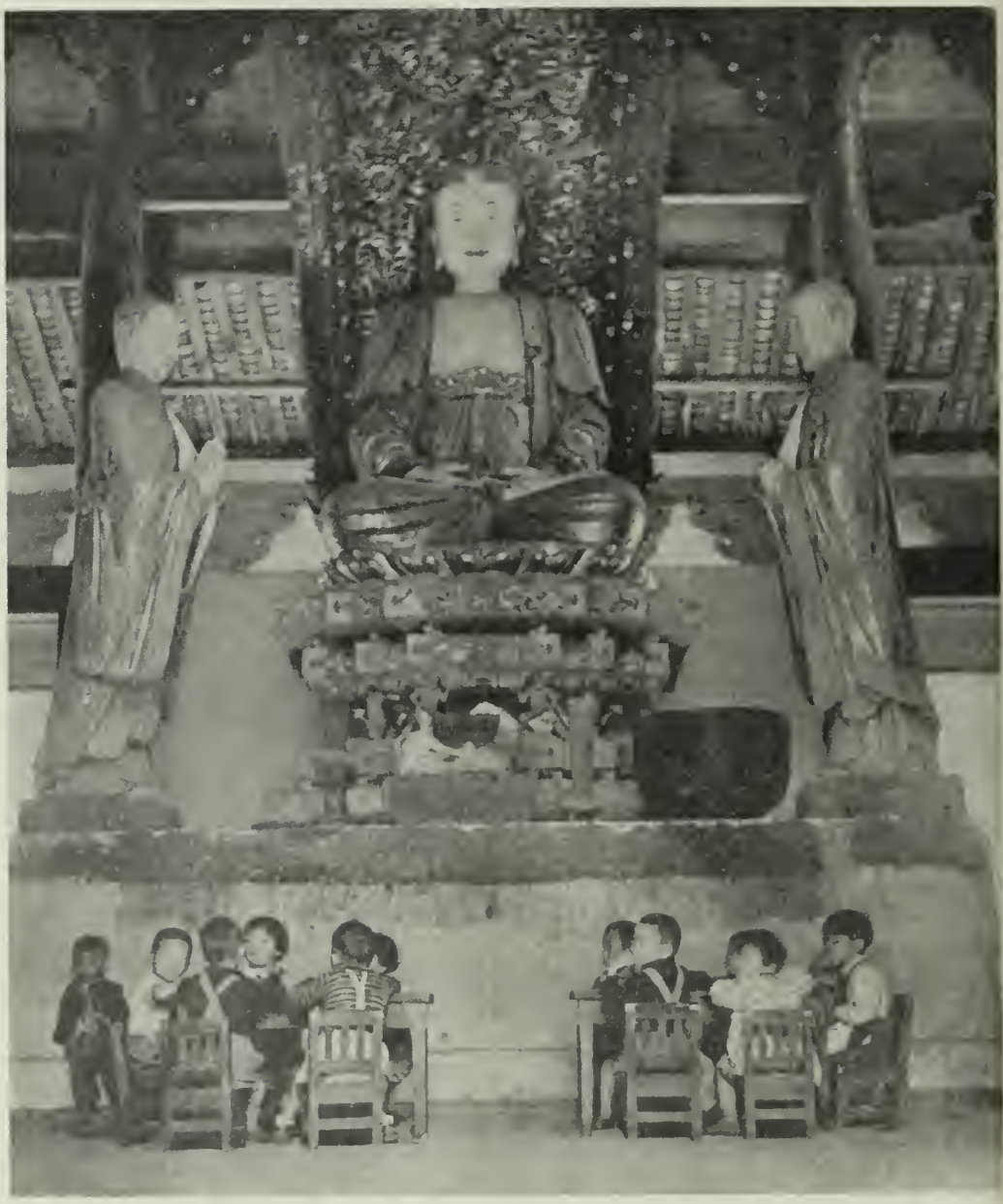
UNRRA medical supplies which survived the inroads of graft and inefficiency and finally got into the hands of the missionaries and the government hospital systems were mostly sold to patients at outrageous prices. If a patient could not afford sulfa drugs or penicillin or any of the more modern and desirable drugs she simply could not have them. I got in the habit of ordering the drugs and offering to pay for them myself. As a matter of fact, I wasn't often allowed to do so, but I know perfectly well that in most instances the patient did not get the drug anyway. The reductio ad absurdum in this connection came to my attention in Nanking where as regional health officer for UNRRA I had to O.K. charges from the missionary hospital to UNRRA employees at three times the legitimate price, for medication originally *given to the missionaries by UNRRA,* from our own supply depot.

My second assignment was to one of the National Hospitals and I found this one of my most interesting jobs. At the Chungking National Central Hospital I had a specialty group of about twelve residents, and a general group for conferences of about 35. The clinical and pathological material was very similar to that in the missionary hospital at Chengtu. The ability of my assistants and the general quality of the equipment was about the same. I can't say that there was any appreciable difference in the general ethics of this government service as compared to that of the missionaries. Again—there was no charity service.

In Chungking the occurrence of extrauterine or tubal pregnancy was alarmingly common. I ran into a strange complication in this tragic condition which will require a description of the Chungking situation in relation to malaria. The matter involved transfusions so necessary for the management of pelvic hemorrhage.

After a relatively short time, we found that in this manner we were infecting directly with malarial organisms 18 per cent of our patients. I must, of course, report that this was after everything conceivable had been done to screen out malarial carriers as transfusion donors. One difficulty, I suppose, centered about the fact that our laboratory technicians were more imaginative than exact; a second, that the diagnosis of certain types of malaria, especially at certain times is notably unreliable; a third factor, and one which we finally eliminated, introduced an angle new to me. At the hospital we had a registry of tested and theoretically reliable blood donors. These donors were paid a reasonable amount for giving blood which is in general an exceedingly unpopular practice in China. I have, for example, had difficulty persuading a healthy husband to give blood to his dying wife. In any case, these trained donors were very handy and very happy to get the money. The difficulty arose from the fact that the neighbors of the registrants were acquainted with our practices and occasionally when we sent out our coolies to gather in registered donors one of these unregistered Chinese would substitute in order to get the fee. We finally had to photograph our donors to straighten the thing out, and even then we had some difficulties due to likenesses.

The matter of transmitting malaria directly to my blood recipients bothered my ethical conscience seriously even after we had used every conceivable means to exclude such a possibility. As a matter of fact, we went back rather reluctantly to the fairly frequent practice of transfusing the patient with her own blood which we had scooped up from the abdomen, filtered and citrated. I had made a considerable study of this practice in the United States and, in the main, disapproved except where no other means was available to restore the patient's emergency blood requirements. It has certain occult dangers. However, we used it a very great deal in China, because more often than not trans-



ORPHANAGE IMPROVISED IN AN ANCIENT TEMPLE

(Courtesy of Cecil Beaton: Chinese Album. B. T. Batsford, Ltd., London, England Winter, 1945-1946).

fusions were not available or far too expensive for the patient to afford.

This matter bothered me too, but I must record that under new stresses one's psychology is able to readjust itself. In relation to the malaria, I finally decided to my own satisfaction, that were I faced by the alternative of death by hemorrhage, I myself would prefer malarial blood.

The Orient is admittedly a global hotspot for malaria. In China, the region about Chungking is certainly a danger point. The worst time of year for malaria is the early fall, and this was the month of October. I have, therefore, had a great deal of experience with malaria in various pathological conditions. A very high percentage of our obstetrical patients had malaria upon admission. A disgraceful number acquired malaria in our hospital. The humid heat even in October was stifling, and patients simply refused to use the tattered, clogged and smelly old mosquito nets. The result was frequent direct transinoculation from one patient to another. Our postoperative gynecological patients also occasionally acquired malaria in the hospital.

As I look back upon it, it seems interesting that we finally graduated to a psychology almost of relief to discover that a febrile patient had malaria. The other sources of similar temperatures were so grim in their import that we routinely heaved a sigh of relief when the plasmodium was found. I cannot be quoted as stating that the results of the malaria in these debilitated people were not serious; yet I must report frankly that we seldom saw independent serious consequences. It seemed to me that our maternity patients and our postoperative patients recovered from these conditions about on a par with or without malaria. Of course we gave all of them quinine, which immediately masked their symptoms. Actually I had to leave this matter without any definite conclusions—only the inferences I have reported.

In bringing to a close these scattered and inconclusive observations, I wish to emphasize certain matters as a sort of raison d'être for this writing. The present, almost complete, misconception of almost all matters Chinese is pretty much a matter of ignorance; but it is also unfortunately directly and deeply affected by partisan politics and prejudiced press influence. We Americans are now subject to a definite international provincialism—especially insofar as China is concerned. It is unfortunate that the written reports out of China have come chiefly from news columnists or the diplomatic corps. People who have been in China as I was have seen eye to eye with George Marshall, Albert C. Wedemeyer, Owen Lattimore and dozens of others whose sound advices have been completely shelved for political expediency. As a doctor, I now have to report to you upon excellent authority that before I left China and since I have returned to the United States every indication I can obtain is to the effect that the present regime is acting in a sane and humanitarian manner insofar as all matters concerning health are concerned. Reports from inside China are unanimous in this respect. The common people of China, who are the wealth and beauty of China, are even now getting a better deal. Whether it is the old matter of the greener pastures or the new broom is still problematical. The old corruption may again gain its foothold when the new government has achieved the power to abuse its privilege, but it seems unlikely. And the present outlook, from the standpoint of public health and medical care, is tremendously better than it has ever been in China. There is absolutely no political implication in this statement; yet, it seems impossible under whatever set of circumstances that the United States will not be deeply involved in the humanitarian challenge of the health program in China. My very modest hope is that this informal Chronicle may help in the interest of clarifying the problem. Once the issue is clear, this nation will not shirk its obligations—regardless of political connotation.

The Laundryman and the Surgeon

Richard Warren, '34

An "abundant venous gush" from the right renal vein was the climax of the drama, the protagonists an oriental laundryman named Chin and an occidental surgeon named Homans. They might never have met had not the laundryman developed, despite what the interpreter said was only "an occasional beer", hepatic cirrhosis, and had not the surgeon recently perfected, as demonstrated by success on 39 out of 47 dogs, an operative technique in the Hunterian Laboratory of the Johns Hopkins Medical School.

The title should perhaps be "The First American Attempt to Perform Eck's Fistula in Man". The scene is laid in the Peter Bent Brigham Hospital of 36 years ago. Unfortunately, even though the available account of the case is a good "Brigham Record", it is for our purposes no better than the rudest palimpsest in its failure to recapture the atmosphere surrounding the occasion.

True, it tells us the following facts. The laundryman was 41 years old when admitted to the Medical Service on February 17, 1914 for an enlarging abdomen which had been forcing him farther from his ironing board for the preceding three months. For the next three and a half months he was treated somewhere in the northern reaches of the hospital by repeated abdominal taps. It may be of some modern interest to note that he was not made anemic by the repeated performance of liver function tests. Finally, after a preliminary but not seriously considered suggestion on the part of the surgeon that "silk drainage" be instituted, operation was performed on May 6th.

The record does stimulate the imagination a little by telling us that a Dr. Lehman was assistant and a Dr. Cutler was the anesthetist. The operative note is in the best tradition of Homansic prose. Many large venous collaterals up to 1 cm. were encountered but no forbidding hemorrhage until the "gush" which arose from the injured renal vein. The laundryman's physiology then became such that it seemed best to terminate the operation after a "rapid omentopexy". He died forty-eight hours later in hepatic coma, and it is strange that although there is no autopsy report there is in the report on the surgical specimen a description, by a pathologist named Warren Sisson, of the condition of the heart, the kidneys, and the liver, plus a beautiful photograph of the latter in its entirety!

But how much more we would like to know! Since time has dulled the memory of the surviving protagonist and witnesses we may be permitted to embellish the record. Complex and indefinable is the quality of courage which impels a surgeon to undertake an untried procedure of this sort. It is composed, let us say, of a citadel of confidence erected on a long training which has been highly specialized in technical proficiency, yet broad in viewpoint. It is surrounded, but not damaged by, an affection for the individual patient which is of the highest order of sensitivity. Herein arises a conflict which, with its nights made sleepless by repeated self attempts to breach his citadel, must be the lifetime lot of a leader in surgery. The palimpsest does not reveal the extent to which our particular surgeon must have "sweated out" those nights.

One can more easily imagine the lighter side of the proceedings of the day, the peppery yet stimulating outbursts at the assistants, frequently punctuated by snatches of song from the Gilbert and Sullivan operettas, the concealment of instruments in the operating drapes to prevent the instrument man from finding them, the surgeon's subsequent inability to find them again himself, the repudiation of all attempts at artificial illumination, the signal "You may fire when ready, Gridley!" for an assistant to play his particular note in the operating room orchestra, and finally the vociferous self-reproach when the "abundant venous gush" arose.

(Continued on page 28)

*Some Remarks on the Privilege of Practicing Medicine**

Conrad Wesselhoeft, 1911**

I appreciate the honor of being invited to speak to you on this occasion, for this is an important milestone in your lives. You will be constantly called on to state in writing where and when you received your doctorate of medicine. Like being born, it is a breath-taking event as you become independent of the Dean's office, and begin the life of an interne.

The Declaration of Independence holds it to be self evident that all men are created equal. Dr. Benjamin Rush was one of the signers, but he didn't know anything about the Rh factors and the influence of the virus of rubella. When you entered the Harvard Medical School you all started from scratch. You are now graduating. We have just witnessed the awarding of prizes. There will be degrees with various shades of cum laude. This race is now over, and regardless of inherent advantages and disadvantages, you are all once more lined up at the starting post.

The life of the interne, like that of the medical student, is pretty well laid out. You are going to deal with people and with their problems, but you will get a great deal of help. Some of you will continue through assistant-residencies and residencies before you reach the point of having the sole responsibility of the care of patients. As clinical clerks you already have some idea of what the hospital has in store for you. Some will remain in the relatively cloistered positions of the full-time hospital staff or research laboratory. But eventually the great majority of you will be launched into some sort of private practice in some special field. The Medical School and hospital interneship are simply preliminary heats in which you have to qualify for this final event.

At the hospital you can get all sorts of things done on a patient by simply filling out requisitions. In private practice you can get all these things done by referring your patient to the hospital. But unnecessary hospitalization has rocked socialized medicine in England and has endangered our Blue Cross here in America. The relative thoroughness of hospital care is not always in the best interest of the patient. In private practice you will be your own social service department, and don't lose sight of this. It will be your duty to try to keep down the high cost of medical care by using good judgment. The injudicious and wanton use of expensive medication in minor, self-limited diseases is as bad as unnecessary surgical procedures.

How you get along depends to a large extent on your hospital training. Some training is better than others. You will be judged on how you do your work, how you get along with the staff, the patients

*1950 Class Day Address.

**Clinical Professor of Infectious Diseases.

and their relatives. Going into private practice is a new event, a new race, and again you start from scratch. You will be very dependent on the good will and help of older men, and it will pay you to show proper deference toward them. The more you specialize, the more dependent you will be in your practice on patients referred by your colleagues.

You may serve as an assistant or an understudy at first. Probably the greatest advantage accrues to the young doctor who becomes an assistant to his father when the latter is about to retire and wants to unload his whole practice on his son. This happened to me. You may think that was a bed of roses, but there were plenty of thorns.

I remember very well my first months in practice as assistant to my father. I had served my interneship, after which I had a traveling fellowship that took me to Europe for further study. In spite of this, my father's patients complained to him that I was "too young and too inexperienced."

The contrast between us was very great. He had graduated from this school in 1859, while I was graduated in 1911. I was the youngest of eight children, hence the wide difference in the ages between my father and myself. Great changes were taking place which accentuated the contrast. My father was driven around on his calls by a coachman in a rather good-looking buggy drawn by fast horses. I drove about in a second-hand Model T Ford with no self-starter. He had a snow-white beard, and he wore a sort of flat-topped black derby hat favored at that time by the doctors in London and by a few of the older practitioners in Boston. I wore a brand new felt hat, and carried a very new doctor's bag. All in all, the contrast was very discouraging. To overcome this, I went back to an old hat I had had as a student—students all wore hats in those days. I also unearthed an old discarded medical bag of my father's. I thought his patients might recognize this bag and in that way have a little confidence in me.

Thus equipped, I was sent by him to answer a call that had come from an elderly lady, a member of one of those families that had been taken care of medically by my grandfather in the days of the Peabody sisters. Here was an opportunity. The trouble was that she and her household were expecting my father. I pulled the doorbell, pulled down my vest, and straightened my tie. The Swedish maid who opened the door disregarded my statement that I was the doctor. It never occurred to her that I was. I put my hat on the front hall table. She picked it up as if it were something that did not belong there, and led me to the back of the house and down the cellar stairs to the gas meter. It was only at this point that I managed to make her understand that I was not the gas man who had been sent for concerning a leak. The fortunate part of this affair was that the lady of the house and I both had a sense of humor, and this made a very pleasant introduction. I took care of her for the rest of her life, and two later generations of her family as well.

Then I was sent to get a blood count from an old friend of my mother's. This patient welcomed me with the words: "So this is little Conrad. You were such a darling baby."

That first summer my father went to Europe and left me to look after those of his patients who remained in town. He had had two other assistants who were now well established in practice for themselves, and many patients preferred to seek out these gentlemen who were ten and twenty years older than I was. One fine day in June, the famous author, William Dean Howells, came to the office. He had come on from California to receive an honorary degree from Harvard. I had seen his picture in the newspaper the day after Commencement and was anything but at my ease. He said: "Young man, I hoped to find your father. I do not want you to prescribe for me. I want you to look in your father's records and find what he has given me for warts, as it always clears them up promptly. If you give me the same

prescription it will work. Please don't prescribe anything else." While I was getting out the record I ventured the remark that there was really no specific cure for warts. These words turned him against me at once. He assured me that my father had always been able to cure warts, and since I seemed to have doubts on that score it was all the more essential that I should merely copy the prescription. I did so. It was a simple preparation containing thuja occidentalis, otherwise known as the common arbor vitae or white cedar, to be used externally. It must have looked the same and smelled the same. But the wart on his hand remained with him all that summer. In the autumn when my father got back there was a leter from Mr. Howells saying he was very much disappointed in young Doctor Conrad, and would my father please send him his prescription for warts. This he did, and it was the same as my copy. About Christmas time a letter arrived saying the wart had disappeared, and expressing in no uncertain terms Mr. Howells' complete lack of confidence in young Doctor Conrad, who couldn't even be trusted to copy a prescription correctly. It was a lucky break for me that the great William Dean Howells lived in California.

At times fate strikes some very bitter blows. It is well for you to realize that doctors are frequently given undue credit for spontaneous recoveries. On the other hand, they are often harshly criticized for deaths no one could have averted at the time. An obstetrician may run into a series of particularly difficult cases with tragic outcomes, while his colleague, poorly trained in comparison, has a run of normal childbirths. In an epidemic of poliomyelitis one doctor may have a high percentage of deaths and paralyses, while another has only mild cases that make excellent recoveries. It is a bit of good fortune for a doctor when one of his devoted patients becomes a famous citizen.

There is bound to be a certain amount of bad luck and good luck, and you have got to have courage to face misfortune in your path. I know a young practitioner who was so unfortunate as to have one of those rare cases of fatal encephalomyelitis following the use of whooping cough vaccine. It was in a small town, and this catastrophe almost ruined him. However, he carried himself so nobly through it all that he has weathered this storm and now enjoys a large pediatric practice. It takes not only courage but a fine character to ride out some of these periods of storm and stress in the practice of medicine.

As I told you in my lecture on "The Care of the Patient," the manner of the physician is very important. Don't put on any air of forced dignity. Be the ladies and gentlemen you are, and act naturally. The confidence of the patient is gained from the physician's manner as well as by his knowledge and skill. Only by gaining confidence are you able to persuade your patient to do what you want him to do. The surgeon must know not only how to operate but when to operate, and how to persuade people to undergo necessary surgery. The skill required to get a patient into a surgeon's hands often exceeds the skill required by the surgeon to operate. These two skills are far apart, but they are of equal importance.

One doesn't always exert one's influence directly. It doesn't make the slightest difference to a newborn baby whether your hair is brushed or whether you speak the king's English, but these niceties do make a difference with the baby's mother.

Some people are very exasperating to deal with, and here is where you have got to have control of your emotions. In fact, you must learn to control your emotions under all sorts of circumstances, particularly in the face of tragedies. The expression of your face is watched eagerly and anxiously, and the importance of what you say and how you say it makes a lasting impression. Once more I quote those lines:

> "If you would guard your lips from slips
> Of these things take good care,
> Of whom you speak, to whom you speak,
> And how, and when, and where."

There is the story of the two elderly spinsters who were very homely. One of them was taken sick, and in the course of time the family doctor asked for a consultation. This was granted reluctantly. The consultant came and examined the sick one. The well sister kept out of the way. As the two doctors came down into the dining room to consult, they closed the door into the hall, but the door to the pantry was ajar, and behind it lurked the other sister to hear what the doctors had to say to one another. She was afraid they wouldn't tell her the truth. The consultant began with the remark: "Well, in all my life I have never seen such an ugly woman!" Whereupon the family doctor replied: "You just wait until you see her sister!"

On a statistical basis you haven't got much chance of producing a Nobel Prize winner in your class. They are few and far between. But surprises occur. One of my class, Dr. Ernest Gruening, is now His Excellency the Governor of Alaska. The story goes that he made it possible for another classmate, the eminent cardiologist, Dr. Paul Dudley White, to get electrocardiographic tracings on a land-locked whale. By the way, toward the close of Dr. White's interneship he was strongly advised by his chief of the medical service at the Massachusetts General Hospital not to go into cardiology on the grounds that there was no room for such a specialty.

Some of you may have laid out your course and will stick to it, but others will eventually be in positions not even dreamed of. Take my own case, for instance. At one point I thought of becoming an ear specialist. Then after my interneship I went into obstetrics, and for a few months I really embarked on that branch of surgery. A severe diptheria epidemic caused me to be pulled out of this special training and sent me to the Haynes Memorial because of a proficiency I had shown in intubation. In the course of a year I was studying infectious diseases in Europe. I was warned by several advisers to keep away from this field as there would be nothing in it for me. It turned out to be the liveliest stock on the board with the most exciting advances. I have had a chance to revive my early interests by writing articles on the ear complications of scarlet fever and on the influence of German measles in pregnancy.

This brings me to philosophize on the impossibility of thoroughness. We like to think of a thorough pre-medical education, but such a conception is utterly absurd. There is no such thing. The same applies to your medical education during the past four years. It has not been thorough, and the faculty is well aware of it. You have acquired a great deal of useful and valuable information. You are qualified for the degree of doctor of medicine. This degree implies that you have learned how to study medicine so that you can go on learning more and more.

Professor John Dewey's definition of a good man is a man who is constantly getting better. This is particularly applicable to the definition of a good doctor, namely, one who is constantly getting better. Medicine itself is improving by the day, and woe betide the doctor who stands still, because medicine is moving so fast that he is soon left behind. You have got to keep swimming or you will sink. The great trouble with the devotees of cults in the healing art is that they profess to have found the true and only way to heal the sick. They are shackled by their creeds, and stagnate in fundamentalist doctrines. Whereas regular medicine, dissatisfied with its limitations, is constantly striving toward better methods of preventing sickness and healing the sick.

I beg of you to cultivate gentleness, kindness and sympathy, as well as skill. The mission of your calling transcends your readiness to answer signals of distress. You have got to do more than that. The fire department of today does not simply put out fires. It corrects fire hazards. The medical profession today concerns itself very much with the prevention of sickness, the problems of public health. The

good doctor has this missionary spirit. He is not only learned in medicine, he is a teacher as well, for he is constantly teaching people how to live. One of the best examples of this is Dr. Elliott P. Joslin, who was one of my teachers here at this School. He has devoted his energies to teaching people how to live with diabetes, and he has taught thousands of doctors how to teach their diabetic patients how to live.

Your education in the past four years, then, has been to prepare you to be a teacher; and a good teacher must be a constant student. He has no secrets—except in time of war, and war is hell any way you look at it. He has a burning desire to impart his knowledge and to discuss his subject with others. Staff meetings, grand rounds, and medical conventions serve this purpose well, but a university always has special nooks and corners where those with special interests foregather.

The greatest privilege I have enjoyed as a teacher in this School has been the Thursday luncheons of the Department of Infectious Diseases under the leadership of Dr. Howard Mueller. Here, the mutual assistance of laboratory workers, epidemiologists, and clinicians is a good example of the spirit of medicine. But I don't want you to think that this spirit exists only in such a sanctum sanctorum. It exists in all hospitals and clinics. We doctors are constantly calling each other up on the telephone for free advice on matters pertaining to our patients.

Doctors sometimes disagree and we have real quarrels, as we do today about socialized medicine. In some of these quarrels the intolerance on both sides has been rather disgraceful. However, there is one thing of which I would remind you, and that is that wars are never fought over medicine. We have had wars over religion, laws, boundaries and trade, but never over medicine.* Medicine has never been restricted to national boundaries. Like music and art it belongs to mankind everywhere and is a unifying influence. Incidentally, doctors are prone to indulge in both music and art.

And that brings me to this word of advice. Do not stick too close to medicine. Get away from it for relaxation. Dr. Roger I. Lee, another of my teachers, tells the story of two eminent physicians who went fishing together, and, as the fish were not biting, one said to the other: "I suppose if you had your life to live over again you would still be a doctor and the same kind of a doctor." "Yes," said the other, "I certainly would. But I think I should do a little more fishing." Vacations are good for you. You will prescribe vacations for your patients. See that you practice what you preach.

Finally, let me say that medicine is in a constant state of evolution. The treatment of today is not the treatment of forty years ago or twenty years ago. Trusted medicines and methods become obsolete as new advances are made. You have had to learn many intricate theories and procedures that we did not have when I was in the School. Those who graduated in my class have had to master them since. If you think you were put to it unmercifully to master all these new things, just bear in mind that you will have to keep acquiring new knowledge each year. One hundred years from now medicine will have progressed beyond our wildest dreams, and much of what you have been taught will be obsolete, and the writings of today will be couched in quaint terminology. But during your lifetime you will be taking part in this advance. It is an exciting and fascinating life. Countless generations of doctors have loved it, and with each generation the means of helping suffering humanity increases. Never has the pace been so fast, the opportunities more alluring. You are off to a wonderful start. How I envy you, as I bid you Godspeed!

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*Davis, D. J.: The Permanent Values in Medicine. The Diplomate, 16, 1:1-6, Jan., 1944.

Twenty-fifth Reunion

On June 18, 1925 the graduating class of Harvard Medical School, which comprised 129 members, departed from the Longwood Avenue marble into the career of medicine. *Now* the school's official address is 25 Shattuck Street, but 64 Twenty-fivers of the 112 who survive had no trouble in finding their way back to the reunion. In 1925 it is doubtful if we knew that an Alumni Office existed. Not so in 1950, for the reuners returning on June 2nd found a cordial welcome at Building A due to the very effective talent of Mrs. Wilson, our alumni Executive Secretary. In 1921 we trickled in not knowing where we were going nor who we were. In 1950 Twenty-fivers assembled in one hour. As for not knowing who we were, ample name plates compensated for possible defects in recognition wrought by time's changes on hair and abdomen!

After assembling, a class photograph was taken and Dean Berry gave a word of greeting. At this point the elegant plans of our local committee,—chairmaned by Dick Cattell and ably assisted by Jim Baty, Heine Faxon, Henry Hudson, Franc Ingraham and Cob Palmer—got under way. We were whisked to The Country Club where wives and classmates and a delicious luncheon awaited us. Not to be prosaic we must mention that the weather was perfect as only Massachusetts can be when it wants to!

Your secretary, whose wife did not attend the reunion, will have to skip hastily over what the ladies did after the luncheon, but we are sure they were well entertained for the rest of the day. The men returned to revive first and second year memories in Building B. George Saunders, now in charge of foreign health service for Socony-Vacuum, and permanent class president, acted as chairman in introducing the speakers of the afternoon. Dr. F. C. Lewis (Duffy), as in 1921, was the first speaker, delving into the subject of old microscopes. Dr. S. Burt Wolbach talked on what happens to the professor *emeritus*. Dr. Irving (Fritz) answered to the toast of "What is retiring? Resigning and then practicing." Dean Berry gave the final oration of the afternoon on modern medical education, a most informing discourse which would stretch beyond our allowed lines to report. It now costs the University $20,000 to graduate a student. The School needs $2,000,000 for repairs. It is on its own so far as the University is concerned. We have 6000 alumni. You deduce the rest. Our class turned over $6,677.33 to the School as its anniversary gift.

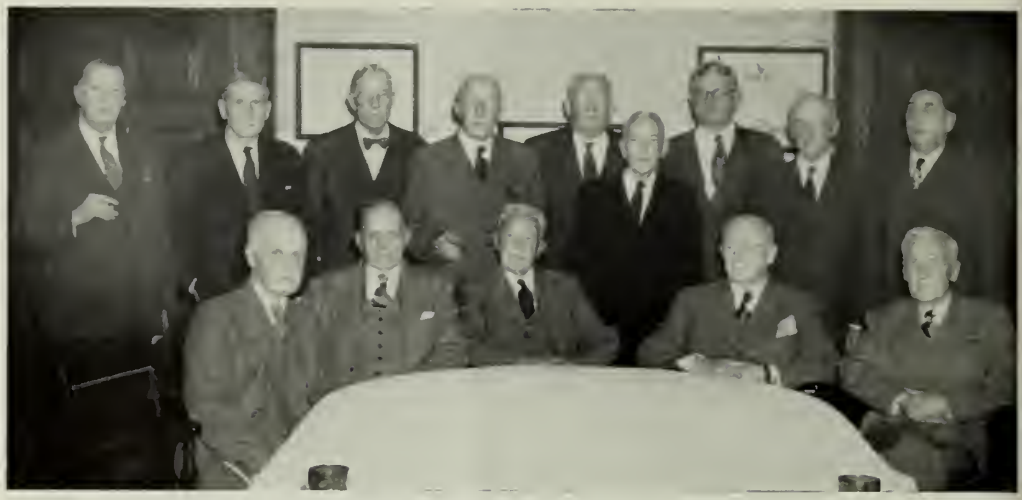
Friday evening, June 2nd, the men dined at the Harvard Club. Following dinner, under the sparkling wit of Cob Palmer's toastmastership, every Twenty-fiver present gave a speech, some long, some short, so that it was no wonder that some anxious wives awaited with concern the closure of the meeting.

Saturday morning, clinics were held at the various hospitals by members of the class. We repaired at noon to the gracious home of the Cattells' for a grand luncheon in the garden, as a perfect climax to a perfect reunion.

Again we thank Dick and his co-workers, as well as Mrs. Cattell, Mrs. Wilson, Mrs. Smithwick, Dean Berry and every one who went all out to make the reunion a memorable success. The next roll call will be in 1955, D.V. Begin to make your plans for the Thirtieth.

William Niles Wishard, Jr.,
Secretary

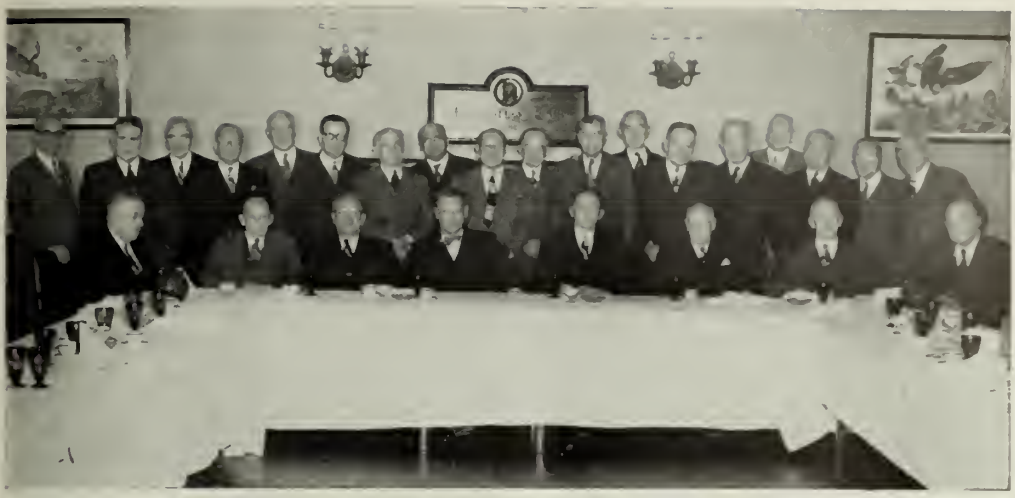

CLASS OF '25
1950



Class of 1900 — Fiftieth Reunion — May 1950

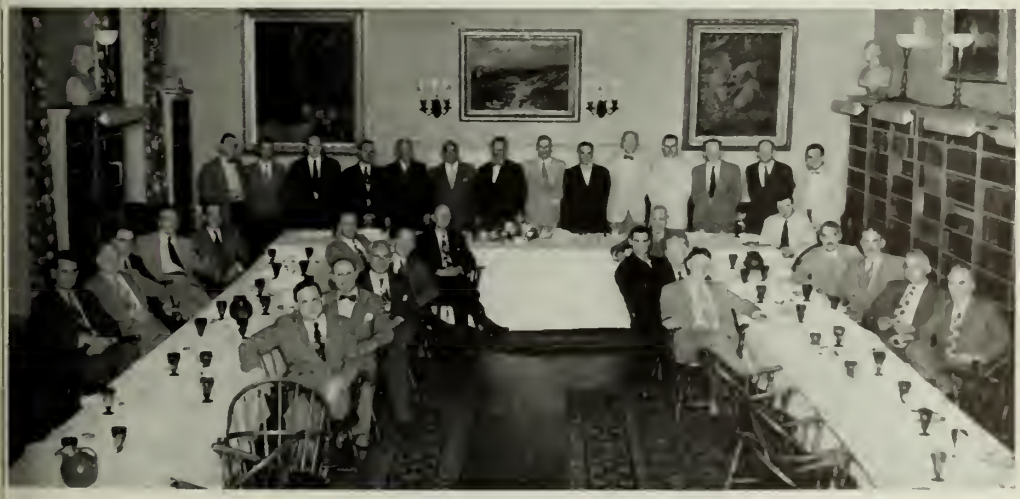
Class of 1905 — Forty-fifth Reunion — June 1950

Class of 1910 — Fortieth Reunion — May 1950

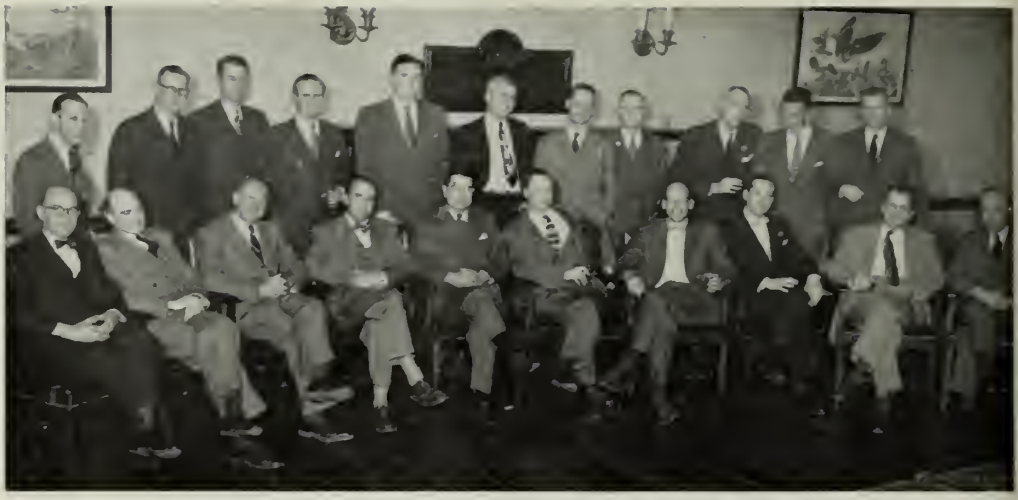


Class of 1915 — Thirty-fifth Reunion — April 1950

Class of 1920 — Thirtieth Reunion — May 1950



Class of 1930 — Twentieth Reunion — June 1950



Class of 1935 — Fifteenth Reunion — May 1950

Class of 1940 — Tenth Reunion — June 1950

Class of 1945 — Fifth Reunion — May 1950

Reunions

Fiftieth Reunion

The Class of 1900 celebrated its fiftieth reunion at the Harvard Club on the evening of May 16th, with 14 members present, about our average during the past 25 years. This class graduated about 120 out of perhaps 140 enrolled, and of these 42 are living. The class has had an unusual record in reunions, 32 in all, missing almost none in the last 25 years. It is interesting to know that our class was the last to be admitted (in 1896) without an A.B. requirement, although at that 50 per cent had such a degree. That accounts for the rather large enrollment. Those present for the latest reunion were: John Adams, Boston; Ralph Bicknell, Swampscott; Walter Burke, Medford; Harry Cloudman, Brockton; Benjamin Fuller, (secretary), Waltham; Walter Griffin, Sharon; William Howell, Boston; George Hunt, Pittsfield; Fred Pratt, Boston: David Scannell, (president), Boston; George Scott, Steels and Harry Wire, Boston.

David D. Scannell, *President*

Forty-fifth Reunion

The forty-fifth reunion of the Class of 1905 was held at the Harvard Club of Boston on June 16. William P. Boardman, Francis L. Burnett, Albert Ehrenfried, Nathaniel W. Faxon, Charles W. Hoyt, Roger I. Lee, Norman M. MacLeod, Charles H. Merrill, Carlisle Reed, George C. Shattuck and Fritz B. Talbot attended, a total of eleven members. Nathaniel Faxon served ably as toastmaster over an informal and very pleasant occasion; and all of the members responded to his call by singing, telling stories or relating anecdotes of their past or present practice. A few letters describing the work and play of members living far away were read. A feature of the occasion was a period of silence to revere the memory of Harrison A. Chase, Hilbert F. Day, Henry M. Grady, William L. Holt, Charles L. Overlander, Thomas M. Proctor, Benjamin E. Sibley, Francis E. Talty and James K. Wardwell, the deceased members of the Class since 1945.

Francis L. Burnett, *Secretary*

Fortieth Reunion

The Class of 1910 held its Fortieth Reunion in Boston on May 18th. It was a very successful occasion. Of 51 known members, 29 attended—26 for all, and three others for part of the day. The attendance, just under 60%, seemed very gratifying. Of the 29 present, 25 came from New England and one each from New York, New Jersey, Indiana, and Illinois. In planning the reunion, it was early decided that there should be no scientific program, and the only member of the Faculty invited was Dean Berry.

The Class gathered for an excellent luncheon in Vanderbilt Hall, Henry C. Marble presiding. After luncheon, Dean Berry gave an extremely interesting and illuminating address, stressing the tremendous rise in the cost of medical education, and the great difficulties besetting the Committee on Admissions, which finds itself faced with at least ten applicants for every vacancy.

At 3.30 the Class repaired to the Lying-in Hospital, where a short meeting was held, Frederick C. Irving presiding. Dr. Duncan Reid, new Professor and Chief of the Hospital, welcomed the group and spoke on the present aims of the institution. Henry Marble told how he had now given up all general surgery, to devote himself to the study and repair of crippled hands. Isaac Gerber gave some significant observations on the philosophy of man, medicine, and life in general.

In the evening, dinner was served at the Harvard Club, with Alex. M. Burgess acting as toastmaster. Walter W. Palmer talked most interestingly of his present work in New York, as Director of the Public Health Research Institute. Peter P. Chase, now health columnist for the Providence *Journal*, gave a fascinating and amusing talk. Alex. Burgess, whose chief

vocation is that of consulting physician to the Veterans Administration, Boston, and whose greatest interest is the allocation of displaced physicians, spoke of the difficulties and successes he has had in the latter problem. Richard H. Miller was elected permanent president of the class, Burgess to continue as secretary. It was voted to give what was left over from the class fund to the Alumni Office.

Richard H. Miller, *President*

Thirty-fifth Reunion

The Class of 1915 held its Thirty-Fifth Reunion at the Harvard Club of Boston on the evening of April 21, 1950.

The classmates present included Arlie V. Bock of Cambridge, George P. Brown of Barre, Massachusetts, Henry A. Bunker of New York City, Samuel Cline of Boston, Edward J. Cummings of Washington, D. C., John G. Downing of Boston, Harry A. Durkin of Peoria, Illinois, George F. Dwinell of Manchester, New Hampshire, Walter C. Allen of Rochester, New York, Hiram H. Amiral of Marlboro, Mass., G. Philip Grabfield of Milton, Arthur M. Jackson of Everett, James C. Janney of Boston, William J. Kerr of San Francisco, California, Edward K. Lee of Newburgh, New York, Donald J. MacPherson of Boston, Samuel R. Meaker of Boston, Fabyan Packard of Belmont, Ira W. Richardson of Wakefield, Joseph H. Shortell of Boston, Horace K. Sowles of Cumberland Center, Maine, Arthur E. Strauss of St. Louis, Missouri, Langdon T. Thaxter of Portland, Maine, George W. Van Gorder of Boston, and Louis T. Wright of New York City.

Telegrams were received from Charles B. Spruit, Brigadier General, U.S.A. of Washington, D. C. and from William A. Perkins of Berkeley, California, who urged a big attendance and reunion at the Harvard Medical Alumni Meeting in San Francisco in June.

An obituary list revealed that twenty-three classmates have died since our graduation, leaving a total of seventy-two now living.

The guests for the evening were Dr. Henry A. Christian, Professor of Medicine New York; and Luther Shepard, Albert and Dean *Emeritus,* and Dr. George Berry, the present Dean of the School. Dr. Christian in a very interesting informal address brought back many recollections of our student days, when he was our Dean and Professor at the Peter Bent Brigham Hospital, and Dr. Berry brought clearly to mind the present conditions and needs of the Medical School.

Dr. Arlie Bock, in a short address, summarized the great advances in medical knowledge and practice since our graduation in 1915.

The Class voted unanimously to reactivate the Class Fund which was inaugurated after our 25th in 1940, but which lapsed during the War and post-War years. The amount of $550.00 was subscribed as an addition to the principal and all absent members will be asked to contribute, so that a Scholarship Fund may be eventually created as a tribute to Dr. Henry A. Christian. Annual contributions from all classmates will be solicited, and a report will be forthcoming at our next stated reunion in 1955.

The Boston members of the Class were especially pleased to welcome such a large number of out-of-town classmates, and the Committee was gratified by the interest and cooperation shown in making this meeting a grand occasion for all.

Thirtieth Reunion

The Class of 1920 held its thirtieth reunion at the Harvard Club of Boston on May 10. The following members were present: Newton C. Browder, William E. Brown, Edward D. Churchill, Gerald L. Doherty, James A. Evans, Henry S. Finkel, Gerald N. Hoeffel, Joseph M. Looney, Charles C. Lund, William P. Murphy, Eugene E. O'Neil, Eli C. Romberg, Richard I. Smith, Raymond D. Stillman, Richard C. Tefft, Jr., and Sidney C. Wiggin, a total of 16. Notes were read from various men who could not attend. In addition Newt Browder read some very interesting cor-

respondence that he has had with our classmate Ven-Tsao Loh of Shanghai, China, who has asked us to help him secure some intern and resident training for his son when and if he can get out of China and get over to this country. Browder has already taken some steps to help achieve this end, although it may be very difficult for young Loh to get over here because of the partial blockade that the Communist government has set up against all forms of communication and travel.

Bill Brown, Dean of the University of Vermont College of Medicine in Burlington, gave us an extremely interesting account of his problems and accomplishments during the five years he has held this position. He claims not to be a politician, but he has certainly avoided many of the pitfalls in which politicians could have placed him. The progress that has been achieved in strengthening the School and the whole profession in the state has been remarkable.

There followed general discussion of various problems facing the profession with Churchill, Looney, and many others taking part in the discussion from different standpoints.

Charles C. Lund, *Secretary*

Fifteenth Reunion

The Class of 1935 held its fifteenth reunion at the Harvard Club of Boston on May 18. Twenty-two members were present, two from New York and the remainder from New England. Nine wives of members accompanied their husbands and dined in the ladies' dining room at the Club while the reunion was taking place.

In addition to having a very pleasant social time, some discussion was had concerning the establishment of a fund which might be turned over to the Medical School at the time of our twenty-fifth reunion. A committee to organize such a project has been appointed.

Gordon Donaldson, *Secretary*

Tenth Reunion

The reunion after the first, varied, hectic and pleasant decade for the Class of 1940 was convened at the Harvard Club of Boston on June 3rd, with cocktails, stories, reminiscences, a delicious dinner, and no speeches. Secretary-Treasurer Ben Bacon gave a report of the class finances to open the serious business of the reunion. It was then voted not to elect an acting vice-president, but to honor the memory of Dick Blanchard by leaving unfilled the position he held among the class officers. A Reunion Committee was appointed by President Arch Deming to plan and arrange future reunions and possible class dinners. The committee consists of Ed Palmer, Chairman; Ben Bacon, Bill Hickey and Gordy Scannell. It was unanimously agreed to have the next reunion in 1955, and it was enthusiastically suggested that at least one class dinner be given before the fifteenth reunion year.

From a class list, those present were able to give thumb-nail sketches of the activities and location of nearly every member of the class. The Reunion Committee was delegated to compile a class history of all members who can be reached, for distribution to the entire class. The titles, honors, activities and positions of many made the ten short years since graduation ones of credit and achievement of which the Class of 1940 can be proud. A vote of thanks was given to Ben Bacon and to the Alumni Association for all their work in organizing this reunion. Those who could not come missed a good evening and were missed themselves.

Archibald S. Deming, *President*

Fifth Reunion

The fifth reunion of the class of 1945 was celebrated at the Harvard Club of Boston on May 28th. The affair was extraordinarily successful and well attended, there being 48 members of the class present. All appeared very well preserved, the passage of time having inflicted major geographical changes on only two: Ike Tay-

lor's hair seemed considerably more transparent, and Stu Quan had sloughed off a noticeable amount of fat, but nevertheless retained his broad smile and appeared well.

Detailed events of the evening are recalled with difficulty because of an obscuring, pleasant, warm mist which first appeared with the cocktails and bathed the group throughout the evening. A few bits are recalled, however. Chuck Weed was recipient of two honors: the Lydia memorial award for fertility (he now has four children), and the Deanery trophy for member of the class who has made the greatest financial success of the practice of medicine (he is reputed to have cleared $17.38 during the past year in general practice in the western part of the state). Charlie Robinson paid for his fourth-year class dinner. Pearl Thaler, married and in practice in Beverly, was elected class poet and rendered an epic verse which was very well received, but the exact nature of which escapes your secretary. The class demonstrated its solidarity and generosity by collecting fifty-seven cents for the establishment of an endowment fund to buy a drink for Ned Callahan, an underpaid resident at the Pratt. Kilroy was there.

On Sunday the class with families attended a strawberry festival at the estate of Isaac M. Taylor in Weston. There were about 60 adults and from ten to 80 children in attendance, all of whom were very well behaved with the exception of Taylor's #1 child and Shaw's #2 child, who got a little groggy from playing with empty beer cans.

The renewal of old acquaintances and the follow-up on classmates' activities and families experienced in the atmosphere of a Vanderbilt Hall party left all with a very warm feeling, looking forward to the tenth reunion.

Robert S. Shaw

Harvard Medical Alumni Association of Southern California

Dean George Packer Berry was the principal speaker at a dinner meeting of the Harvard Medical Alumni Association of Southern California, held on July 6th at the Harvard Club of Los Angeles, with 55 members in attendance. Dr. Berry expended a great amount of effort in explaining the problems of the School and of medical education in general. All, to the man, were interested, and the meeting did not break up until 10:30 P.M. This was the first of our medical alumni meetings at which the graduates were able to welcome one of the fair sex into membership in this august body: JoAnn Tanner Taylor, '49, became a member of the Association.

At the same meeting an Executive Committee was chosen, including the following members: Sam Alter, '12, Lowell F. Bushnell, '33, Charles Hutter, '42, Sydney Kibby, '15, Edward C. Pallette, '29, and Clinton A. Wilson, '26. During the coming year the Committee plans to enlist the membership of all graduates in southern California and to appoint local representatives in San Diego and Santa Barbara; to publish a directory, divided as to location and specialty; and to sponsor another dinner meeting early in 1951.

Any graduate living in the southern California area, who has not already received notification of Association activities, is cordially invited to communicate with Lowell F. Bushnell, 4759 Hollywood Boulevard, Los Angeles 27. At present we have eighty paid memberships.

Lowell F. Bushnell, '33

*The Class of 1950**

John V. Pikula, '50

"They were the berries," said one faculty member when asked to comment on the class of 1950, "but you can tell them they were the worst blankety-blank slave drivers I've ever seen. I've never worked so hard in my life!" Other comments were that the class was the most mature, the most serious, the most diverse and the most difficult in the School's history.

These comments lead us to inescapable conclusion that this class was a bit different. Why? we might ask. What is this conglomeration we call the class of 1950? Who are they? Where did they come from? What are they like? and where are they going? To answer these questions we propose to review the pathogenesis of this growth which has left so many exhausted adrenals strewn about the bedsides.

There were 241 men, women and children in the class of 1950 as of the last report from the Boston Lying-In Hospital. Of this figure 142 were students, medical and dental, 63 were wives and 36 were children, whose ages ranged from 15 years to minus 8 months. Thirty-five states and six foreign countries were represented. Among the foreign countries and territories were Puerto Rico, Guatamala, Canada, Germany, Yugoslavia and the Lebanon, Syria. Texas was also represented.

Since this was the first postwar class there was a large complement of veterans. 96 members saw service with the armed forces, some for as long as five or six years. All ranks were represented from colonel to buck private and from commander to apprentice seaman. These served in various and sundry capacities from artillery battery commanders, pilots of bomber and fighter aircraft and ship captains to buck privates on KP and swabbies in the galley. One member commanded PT boats, another served as intelligence officer in that land of political intrigue, Central America. One Navy man assisted in the secret nocturnal transport of 85 million dollars in gold belonging to the bank of Poland from Dakar to New York, while yet another was a member of a revolutionary army overthrowing a South American government. A large proportion of this group saw active combat service in both the European and Pacific theaters winning medals from the Silver Star, Distinguished Flying Cross, Legion of Merit and Purple Heart to the Good Conduct Medal and the Victory Ribbon.

This class has been called the most mature. In addition to greying hair and size of families the class age agrees with this. The average age is 28, the oldest being 33 and youngest 22. This is three years greater than that of classes before us.

In scholastic background too, the class is as varied as it has been in its activities. Ninty-five members hold bachelor's degrees of various kinds, eleven hold master's degrees, nine are Doctors of Dental Medicine and one holds the degree, Doctor of Philosophy. Many hold multiple degrees and thirty-two, alas, hold no degrees at all.

Dr. Conant once advised us to break away from the strict medical routine and to engage in occasional extracurricular activities. We have done that. Almost one third of the class has done research of one form or another during the past four years, but the class activities have by no means been limited to this. One member who lived twenty miles north of Boston, raised chickens on a small farm and kept the class supplied with fresh eggs; later he branched out to the raising of guinea pigs and hamsters. Another held the enviable position of milkman to the élite of the North Shore and claims access to the best of kitchens. One traveling member operated a glass-bottom boat concession in Mexico, taking care of wealthy American tourists during the summer. In the winter he played the New York stock market.

*Presented at the Class Day Exercises, May 27, 1950.

Three courageous scholars spent a summer practicing rural medicine in the bush country of Newfoundland while another bought an island off the coast of Maine, repaired and refloated an old schooner and engaged in sailing vacationers up and down the coast. That indoor activities have not suffered either is well documented by the fact that seventeen members were married during their four years here. Incidentally, thirteen children were born to members of the class while in school and six more are on the way.

Apart from scholastic and financial difficulties, finding suitable shelter for family and books was a big problem for this class. Of the 142 members 88 lived outside Vanderbilt Hall and these were scattered from North Wilmington and Marblehead in the north to Squantum in the south. One member lived for a short time near Portland, Maine and commuted daily until he wrecked his car.

The present graduating class of 142 members represents a considerable change from the class of 125 members that entered in 1946. Of the original 125 only 103 remain; two left because of ill health, one to get married, several to do a year of research, and the rest for reasons best known to themselves. 39 members joined the class in the third year, some coming from other classes in this school but the majority from other medical schools. They acclimatized themselves so well that several are taking honors this year. Of the six original female members of the class, four are graduating.

The health of the class has been surprisingly good. So far as I know we have only two cases of peptic ulcer. On the other hand there are 61 cases of chronic recurring pre-exam spasticity.

Now that we know something of the class background and composition let us see where it is going. 51 members are taking rotating or mixed internships while 42 are treading the straight and narrow path in medicine. 30 have given up the stethoscope and are taking surgical internships while five returning to the fundamentals are going into pediatrics. Two are going to do pathology next year and two more are going directly into research. As to geographic distribution 49 happily are remaining in the inner circle in Boston while 93 alas, must seek their fortunes in the provinces, 24 in New York, two in Canada, one in Honolulu and the remaining 64 in 18 states from New Hamsphire to California and from Louisiana to Minnesota.

I feel that I should close with something auspicious but on a day such as this I feel like the man who slew the Jabberwocky in "Alice Through the Looking Glass:"

> " 'And hast thou slain the Jabberwock?
> Come to my arms, my beamish boy!
> O frabjous day! Callooh! Callay!'
> He chottled in his joy."

Which, as Alice remarked, "sounds very pretty, but what does it mean?"

(Continued from page 12)

Whatever the eventual place of Eck's fistula in the therapy of portal hypertension the contribution made by those two men on that occasion surely was greater than has been recognized. It might never, in fact, have reached the light of day, if this column can be so distinguished, had not Ed Lehman recently recalled against the background of the current frequent performance of the operation the impression that the event had made upon him. Somehow the fact that the fistula was not completed and the patient died does not detract from the basic worth of the day's performance. What seems important is that an idea was elaborated. For what is progress but the elaboration of ideas?

The Stethescope

A new first year class has registered and, speaking statistically, has certain interesting characteristics. It is comprised of twenty-six veterans, nine women, six students from countries outside the United States, and eighty-six from twenty-three states in the Union. Of the entire class, one hundred have entered with a bachelor's degree and only nine with less than four years of college training. Their age is about as usual: fifty-nine are between twenty and twenty-one years old, the old man of the class is twenty-eight, and the remainder are between twenty-two and twenty-five. Twenty-one doctors' sons support the feeling that a desire to enter the profession of medicine may be in part, at least, an inherited peculiarity. Their first meeting was auspicious. A brand new Harvard flag, large and unmistakable, waved proudly over the Administration Building. The neophytes were welcomed by Provost Buck on behalf of the University, by Dean Berry who spoke of medicine at the School, by Colonel Norman Walker who has been assigned here by the Surgeon General to develop the R.O.T.C. program, by the President of the Third Year class in his capacity as Chairman of the Vanderbilt Hall Committee, by Dr. Claude Villee who described the merits of the Tutorial System for those with research proclivities, and by Dr. L. T. McDaniel, as student physician, who emphasized the advantages of keeping well. There was much more warmth to the occasion than existed in those good old days when all one got by way of welcome were some forms to fill out and not even a hint as to where or when the first lecture in anatomy might take place. The the summer months. Certain members of the Staff, however, accomplished newsworthy deeds in a variety of ways. Fuller Albright, 1921, received the Joseph Goldberger Award in recognition of his work School was comparatively serene during on calcium and phosphorus metabolism and for his investigation of the metabolic influences of the endocrine glands. C. Sidney Burwell, 1919, was elected President of the Massachusetts Heart Association. Stanley Cobb, 1914, made a number of reporters believe that thirty years with a nagging wife might have caused their ulcers if they had them or should they develop them. W. R. Ohler, 1914, was made President-elect of the Massachusetts Medical Society. P. D. White, 1911, "a physician who has successfully combined practice, teaching, and research; an investigator distinguished for his studies of the heart," received the honorary degree of Doctor of Science from Harvard and a few days later a Gold Heart Award at the annual meeting of the American Heart Association. S. B. Wolbach, 1903, was recipient of the Howard Taylor Ricketts medal for his outstanding studies in rickettsial disease. B. Waterhouse, M.D. (honorary), 1786, through the generosity of his great-granddaughter has made it possible for his Hall Clock to take up residence in the Faculty Room. It was given to him in 1790 by the Honorable Peter Oliver, a graduate of Harvard College in 1730. Thus, the academic year starts happily in spite of the Doctor-Draft bill and all that has happened in Korea.

Annual Meeting -- 1950

The Annual Meeting of the Harvard Medical Alumni Association was held on June 28 at the Palace Hotel in San Francisco. Nearly 200 alumni from all over the nation enjoyed preprandial libations and a delicious dinner, superbly arranged by the California Committee under the chairmanship of Charles A. Noble, Jr., 1929. Head table guests in addition to the officers included Dean George P. Berry, Reginald Fitz and the following former officers of the association: J. Dellinger Barney, 1904; Edward L. Bortz, 1923 and William J. Kerr, 1915. The occasion was graced by the presence of Adrienne Applegarth, 1950, now the wife of Elmer Batts, 1950, the first Harvard Medical alumna to attend the annual dinner.

The business meeting was introduced by the report of the Secretary who briefly outlined the activities of the Alumni Council during the previous year. It was pointed out that voluntary contributions to the Alumni Association now amount to nearly $10,000.00 annually. This has allowed the association to contribute $2,000.00 each year to scholarship funds. The need for much larger contributions was emphasized.

President J. Howard Means, 1911, then presented the Nominating Committee's slate of officers for the coming year and with his characteristic Bostonian éclat engineered a unanimous election. The following were so honored: President, Philip D. Wilson, 1912; the current Secretary, Treasurer and Vice-President continue in office and John F. Fulton, 1927, Donald S. King, 1918, and Richard Warren, 1934, were elected to the Council for three-year terms.

Following the business meeting the President created an atmosphere of additional warmth and spontaneity by requiring each member to rise and take a bow as his name was called. Despite a liberal consumption of cocktails and a good California wine with the dinner, nearly everyone responded coherently.

Dean George P. Berry was then introduced by the President as the speaker of the evening. The Dean spoke on "The Harvard Medical School and Changing Trends in Medical Education." He outlined the financial plight in which all universities find themselves today and emphasized the need for hard money in the form of annual giving to offset the influence of the government in medical education. He then discussed prospective plans for the future of the Medical School including a greater coordination and integration of its community of hospitals.*

The meeting adjourned just in time to enable the Easterners to catch midnight planes for home.

*Several aspects of the Dean's address will be published in coming issues of the BULLETIN.

Annual Meeting—1951

To be held in

Atlantic City

June 13, 1951